

## TEXAS DEPARTMENT OF HEALTH

## LICENSING AND ENFORCEMENT DIVISION

## BODY PIERCING STUDIO LICENSE APPLICATION (Health and Safety Code, Chapter 146)

Return completed application and non-refundable fee made payable to TEXAS DEPARTMENT OF HEALTH in the envelope provided or mail to: Texas Department of Health, P. O. Box 12008, Austin, Texas 78711. You may visit our website at: www.tdh.state.tx.us/bfds

## **Body Piercing**

BUDGET: ZZ065 FUND: 086 LICENSE #:

Name Under Which Business is Conducted	d (DBA):			
Physical Address to be Licensed:				
City, County, State, Zip Code:				
Telephone # at address: ( )				
REQUESTED LICENSE TYPE: G New G BODY PIERCING STUDIO LICENSE C G BODY PIERCING STUDIO LICENSE (1)	ONLY (no tattoo license	• '	G Amended License \$200.00 ) \$150.00	
G Temporary Event - \$200.00 / \$150.00  (A Temporary Event License is valid for a	Date of event (Beginn maximum of seven days	mo/day/yr	Ending) mo/day/yr ent)	
G Late Fee - A person who files a renewal application after the expiration date must pay an additional \$100.00.  ANY RETURNED CHECKS RECEIVED AFTER EXPIRATION DATE WILL BE ASSESSED THE \$100.00 LATE FEE.				
ZONING CODE COMPLIANCE VERIFICATION (to be completed by local officials only on initial or amended applications):  Before submitting this application and the non-refundable fee, contact local officials to make sure that your proposed studio is in compliance with any applicable local zoning codes. The Texas Department of Health cannot issue a tattoo studio license without confirmation that the studio is in compliance with local zoning codes.  G I hereby certify that the studio at the address listed above is inside the boundaries of this city or town and is not prohibited by charter, ordinance or amendment thereto, as it applies to zoning.				
Signature and Title of Zoning Official		Date		
<b>G</b> I have verified through all possible means that there are no zoning codes for the studio at the address listed above.				
Signature of Studio Owner		Date		
VERIFICATION: I SWEAR OR AFFIRM THAT ALL INFORM I AM AUTHORIZED TO EXECUTE THIS DOCUMENT OF DELINQUENT IN THE PAYMENT OF ANY CORPORATION IN THE PAYMENT OF ANY CHILD SUPPORT OWED UND AND 431 OF THE HEALTH & SAFETY CODE, THE APPLIA	N BEHALF OF THE CORPOR N FRANCHISE TAXES OWED T DER CHAPTER 232, FAMILY C	ATION AND AM ELIGIBLE TO RECEI THE STATE OF TEXAS UNDER CHAPTEI ODE. I FURTHER CERTIFY THAT I HAV	IVE A LICENSE; I AM NOT CURRENTLY R 171, TAX CODE, NOR AM I DELINQUENT VE READ & UNDERSTOOD CHAPTERS 146	

PURPOSE OF THIS APPLICATION: Mark appropriate box to indicate purpose of application, and/or any change in status of company.					
G New -	Start Date:	_			
G Amended -	G Change of Ownership G Change of Location G Change of Name	Enter the date the change was/is effective:  Date:			
	G Other:	Date:			
Change of name, ownership, or change in the location of a licensed place of business, requires submission of a new application and fee. The effective date of change becomes the new anniversary date.					
G Renewal - Renewals are valid for one year from the anniversary date. Failure to submit the renewal fee before the expiration date will result in a delinquency fee for each location and must be remitted before the license or permit will be issued.					
G Notice that firm is out	of business. Date:	G Not required to license/permit			
	or deletion from our records.	Reason:			
RESPONSIBLE INDIVIDUAL IN CHARGE AT PHYSICAL ADDRESS  (A license cannot be issued for manufacturing, assembling, testing, processing, packing, holding or labeling of drugs and/or devices from any personal residence. *Residence address and driver's license number are required of drug and/or device applicants ONLY.)					
Name & Title	*Residence Address	*Driver's License Number			
BILLING INFORMATIO	N:				
Billed to:					
Billing Address:					
City, State, Zipcode:					
Name of Application Preparer (Contact Person):					
Telephone Number of Application Preparer (Contact Person):					
E-mail Address of Application Preparer:					

- ♦ A separate license/permit is required for each location. All licenses/permits **must** be displayed at the address licensed/ permitted. (Water Vending licenses may be kept at the home office.)
- The license/permit will be valid for one year from the new, renewal, or change date.
- The license/permit renewal application and fee are due each year PRIOR TO the anniversary date. This office must be advised of any changes of ownership, name, or address 30 days PRIOR TO the change, as this will change the anniversary date. Please note that it is the responsibility of the license/permit holder to remit the renewal fee before the expiration date, whether a payment notice is received or not. Failure to submit the renewal fee before the expiration date will result in a delinquency fee for each location and must be remitted before the license/permit will be issued.
- For assistance in completing this application, call (512) 719-0246.
- ♦ Please address any correspondence to: Texas Department of Health, 1100 West 49<sup>th</sup> Street, Austin, Texas 78756.

	<b>NFORMATION:</b> Complete the required ownershi of drug and/or device applicants ONLY. Attach a	
	cal to the name on your State Tax Payer's Identification tate Tax number and Outlet number MUST be completed	
Name	Tax Payer ID	# / Charter # Outlet #
Mailing Address of Licensed Establishme	nt City and State	Zip
Check One - G Sole Owner / I	Proprietorship G Partnership G Associati	ion G Corporation
G SOLE OWNER / PROPRIETOR	SHIP - Name,* Residence Address, and *Drivers	S License Number of the Proprietor
Name	*Residence Address	*Drivers License Number
G PARTNERSHIP - Names, *Residen	nce Addresses, and *Drivers License Numbers of Man	aging Partners
Name	*Residence Address	*Drivers License Number
Name	*Residence Address	*Drivers License Number
G ASSOCIATION - Names of Principa	als, *Residence Addresses, and *Drivers License Num  *Residence Address	bers of Managers  *Drivers License Number
Name	*Residence Address	*Drivers License Number
<b>G CORPORATION</b> - Provide the Fo	ollowing Information:	
Name of Corporation		Date and Place of Incorporation
President's Name	*Residence Address	*Drivers License Number
Officer's Name	*Residence Address	*Drivers License Number
Officer's Name	*Residence Address	*Drivers License Number
Name of Registered Agent	*Residence Address	Telephone Number

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